

# Nebraska Gamblers Assistance Program GAP DATA AT INTAKE - Family Member Client

2021-2022  
CONTRACT YEAR

Your answers are confidential. Thank you.

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

How did you learn about the Nebraska Gamblers Assistance Program?	
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How long did you think about getting help before you got help?	
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CLIENT DOB:	ID CLIENT:	
City:	State:	Zip:
County of residence:	County of admission:	
Is this your first admission to counseling for problem gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Gender:      Male      Female      Other	
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Your Occupation:	<input type="checkbox"/> Clerical/Sales <input type="checkbox"/> Manager/Professional <input type="checkbox"/> Technical/Administrative <input type="checkbox"/> Farm/Ag <input type="checkbox"/> Service (food, housekeeping) <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Skilled/Semi-skilled crafts <input type="checkbox"/> Volunteer <input type="checkbox"/> Laborer <input type="checkbox"/> Student <input type="checkbox"/> Retired
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Your Living Situation:	<input type="checkbox"/> Home <input type="checkbox"/> Staying with friend <input type="checkbox"/> Living with relative <input type="checkbox"/> Homeless shelter
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Your Education:	<input type="checkbox"/> <12 years <input type="checkbox"/> > 12 years <input type="checkbox"/> Bachelor's <input type="checkbox"/> Doctorate <input type="checkbox"/> HS diploma or GED <input type="checkbox"/> Associate <input type="checkbox"/> Master's
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Your Employment:	<input type="checkbox"/> Employed full time for salary or wages <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student <input type="checkbox"/> Employed part time for salary or wages <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disability
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Your Health Insurance:	<input type="checkbox"/> Medicaid <input type="checkbox"/> Private health insurance. Name of insurance company: _____ <input type="checkbox"/> Medicare <input type="checkbox"/> No insurance
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Your Income Source:	<input type="checkbox"/> Alimony <input type="checkbox"/> Public assistance <input type="checkbox"/> Unemployment compensation <input type="checkbox"/> Disability <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> No income <input type="checkbox"/> Employment <input type="checkbox"/> Savings <input type="checkbox"/> Spouse's income
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Your approximate annual gross income (nearest 1,000): \$ _____
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Approximate annual gross household income (nearest 1,000): \$ _____
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Approximate current household debt (nearest 1,000): \$ _____
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Approximate gambling debt (nearest 1,000): \$ _____
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Do you gamble?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you gamble with your family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long has your family member had a gambling problem? _____	
Your relationship to your family member with a gambling problem:	<input type="checkbox"/> Spouse <input type="checkbox"/> Domestic partner <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Sibling <input type="checkbox"/> Parent
Which of the following best describes your current relationship with this family member?	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad
Which of the following best describes the effect of gambling on your relationship?	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad
How you feel today because of your family member's gambling?	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad
In the past twelve months, have the gambling problems led you to think about ending your life?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past twelve months, have the gambling problems led you to think about ending your relationship with this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
In the past twelve months, have the gambling problems caused a family breakup already?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past twelve months, have the gambling problems caused you and your family financial distress.	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past twelve months, have you tried to get this person to go to counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past twelve months, have you tried to stop this person from gambling on your own?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past twelve months, have you participated in problem gambling counseling with this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the past twelve months, have you done problem gambling counseling for yourself alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you know, prior to your first session that problem gambling counseling provided through the NE Gamblers Assistance Program (GAP) is paid for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it important to you that gambling counseling services are paid for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like this service provided in whole, or in part, through problem gambling counseling Telehealth? (This is interacting with your counselor from your home or office computer or mobile device over a confidential connection.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

## THIS PAGE TO BE COMPLETED BY THE COUNSELOR

Counselor - Score Gambler's Anonymous (GAM-ANON) – 20 questions:

Gam-Anon states that a "yes" answer to at least six of the 20 questions indicates the individual is living with a compulsive gambler.

If the score is 0 – 5, is the clinical justification for admitting the client into counseling documented in the client record?

☐ Yes      ☐ No

Was this client seen in urgent care?

☐ Yes    ☐ No

If yes, date of last urgent care session?:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Admission Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Assessment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**INTAKE FORM REVIEWED BY COUNSELOR FOR COMPLETENESS** (please sign and date below):

\_\_\_\_\_  
**Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**